

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-18A FORM

FORCED RESIGNATION QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

Rev.-5-97

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age (40-70) | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Use of guide dog or support animal | |
| <input type="checkbox"/> Color | <input type="checkbox"/> GED | <input type="checkbox"/> Sexual preference/Orientation | |
| <input type="checkbox"/> Religious Creed | <input type="checkbox"/> Retaliation | | |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Non-job related handicap/disability | |
| <input type="checkbox"/> Familial Status | | identify your disability _____ | |

If you are alleging that you felt forced to resign or to retire as a result of employment discrimination, answer the following questions, using the continuation page at the end of the questionnaire, if additional space is needed.

3. What specific act(s) forced you to decide to resign or retire?

4. When did the above act(s) occur?

Date _____

5. Why did you feel that you had no choice but to resign or to retire?

- 6a. Describe the circumstances by which you informed your employer of your intention to resign or retire. Did you inform your employer verbally or in writing?

Verbally _____ In Writing _____

- 6b. If in writing, do you have a copy of this notification. If you do, please attach a copy.

Yes _____ No _____

- 6c. On what date did you inform your employer of your intentions to resign or retire?

Date _____

- 6d. What is the name and job title of the employer representative to whom you announced your intention to resign or retire?

Name/Title _____

- 6e. What response, if any, was made when you announced your intentions?

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.